

EMERGENCY DELIVERY

ACTION/TREATMENT:

NOTE: If delivery is imminent the following should be done at the scene or during transport:

- Patients in labor should be placed in the left lateral decubitus position.
- ABCs/monitor cardiac rhythm.
- IV access, rate titrated to perfusion as needed.
- Do not delay transport for delivery of placenta.

SPECIAL CONSIDERATIONS:

Intact Amniotic Sac:

- Pinch and twist the sac near the baby's face to rupture; do not use sharp object. e.g., scissors. Remove the baby and proceed as indicated.
- Transport to PRC with OB capability.

Prolapsed Cord:

- Elevate mother's hips in left lateral position, or consider Trendelenberg position.
- Insert gloved hand into the vagina and gently keep the presenting part off cord. Continue procedure until care of patient is assumed by hospital staff.
- Transport to PRC with OB capability.

Breech Delivery:

If breech delivery occurs, assist as follows:

- Allow the mother to push; do not pull on extremity.
- Gently guide the newborn's arms down and out if necessary.
- Support the newborn about the chest; turn the back towards you, if possible, to prevent the chin from catching on the mother's pubic rim.
- If the head does not deliver in 4 - 6 minutes, attempt to free the head by placing 2 fingers in the vagina; gently pull the chin against the chest to free or discharge the head from the pubis.
- If the head does not deliver, insert hand into the vagina and gently keep the presenting part off the cord. Continue procedure until care of patient is assumed by hospital medical staff.
- Transport to PRC with OB capability.

Complex Presentations:

- If any presentation other than a simple breech (arm/shoulder or single leg) is encountered, initiate transport without delay. Place the mother in the left lateral decubitus position.
- Transport to PRC with OB capability.

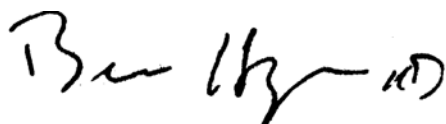
NOTE:

- For postpartum bleed, massage fundus after delivery of placenta.

Shaded text indicates BH order

Unshaded text indicates standing order

Approved:



Treatment Guidelines:obstetrics:O-05:002f
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